

Instructions for Completing and Submitting the DSS-1571S, Part III and Part IV, Reimbursement Forms.

DSS-1571S, Part III, Revised 11/99

1. For the Month of -- Enter the month and year that the expense occurred in. This date is not the month of submission.
2. Contract ID No. -- Enter the five-digit contract number assigned to your contract. (Ex. 00666-00)
3. Provider Agency Name -- Enter the agency title as given on the contract. Do not enter the program title.

SECTION 1

1. Column 1 Object of Expenditure -- These line item titles correspond to Part I, Estimated Expenditures on the DSS-6844S, Budget Form that is a part of your contract. You must enter the line item titles for "Other" using the itemized titles as listed in Item K of the Supporting Budget Schedule in the DSS-6844S. Each of these items is a line item title and should be entered as shown.

Example:

Item K.	Items
	Telephone
	Advertising
	Educational Supplies
	Equipment under \$500
	Jones Mac, Inc.

2. Column 2 Current Expenses -- Enter the total amount of expenses that occurred during that month on each specific line item. This amount includes funds anticipated from DSS and any required provider match.

Enter 100% of Expenditures -- Do not prorate cost.

3. Column 3 State Use Only-- Leave Blank.
4. Column 4 Total Current Expenses -- Enter the same amount as listed in Column 2.
5. Column 5 YTD Expenses -- For the first month of expenditures this Column will be the same as Column 2 and Column 4. Beginning with the second month of expenditures this Column represents a cumulative total of the previous month(s) and the current month's expenditures. Example:
Salaries Expense - July - \$7,427 - Column 2, 4 and 5 would be \$7,427.
Salaries Expense - August - \$7,427 - Column 2 and 4 would be \$7,427 but Column 5 would be \$14,854

6. Column 6 Approved Budget -- Enter the amounts listed on Part I, Estimated Expenditures on the DSS-6844S, Column 3. **THIS COLUMN NEVER CHANGES UNLESS YOU RECEIVE AN APPROVED BUDGET AMENDMENT OR AN APPROVED CONTRACT AMENDMENT THAT AFFECTS THE TOTAL OF YOUR CONTRACT.** See example on next page.

Example:	A. Salaries	89,132
	B. Fringe Benefits	9,253
	C. Staff Development	0
	D. Travel	6,338
	E. Equipment	5,000
	F. Recipient Transportation	0
	G. Medical Supplies	0
	H. Cost of Space Non Residential	23,400
	I. Cost of Space Residential	0
	J. Service Payments	0
	K. Telephone	3,516
	Advertising	900
	Educational Supplies	3,194
	Equipment under \$500	1,070
	Jones Mac, Inc.	29,000
	L. Indirect cost	13,872
	TOTAL	184,675

7. Column 7 Unexpended Balance -- Subtract Column 5 from Column 6 to arrive at amount for Column 7 figure for each line item.
8. TOTAL – Add each column and enter Total.

DOUBLE CHECK ALL COMPUTATIONS BEFORE MAILING REPORTS.

SECTION II – Authorized Provider Agency Official should sign and date the Reimbursement form. Also, print the name and telephone number of the person completing the report.

DSS-1571, Part IV.

Complete as instructed by the Contract Administrator. Required for all Direct Client Services Contracts.

DOUBLE CHECK ALL COMPUTATIONS BEFORE MAILING REPORTS.

SUBMISSION

One original and ONE copy of the DSS-1571S, Part III and if applicable, DSS-1571, Part IV should be submitted to the Contract Administrator **monthly following the month of service**. The Contract Administrator's title and address is provided in your contract.

A report should be mailed for every month, even if no expenses were incurred. This lets the State office know whether a report is missing or not. If you have not incurred any expenses during a given month, complete the top portion of the DSS-1571S, Part III and write in large letters across the middle section **Zero Amount Due** and mail as instructed above.